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Health Care Information Technologies

Introduction

Health care information technology is the use of information technology in health care, which includes the application of digitalized electronics operated by the medical experts to store, share, and analyze patients' health data (Laurenza et al., 2018). The know-how has improved the quality of the services provided to the clients, therefore enhancing the accuracy of diagnoses and promoted public health. Health care information technology has significantly minimized medical errors and medical bills and alternatively has increased the efficiency of both the administrative and clinical operations. The world is changing; reduced paperwork, faster prescriptions of drugs, quick sharing of information, and an advanced follow up on how the patient is doing are just a few of the benefits gained from the use of the HIT system. Therefore, health caregivers should strive and ensure that the organizations are working to put their effort into installing this type of technology, which comes in different types.

Electronic Medical Records (EHRs)

EHRs, also known as Computerized Patient Record (CPR), refer to digital health records of an individual that can be generated, assembled, managed, and accessed by authorized clinicians and health staff under the same organization. With the advancement in technology and especially in the medical field, many forms of digital medical records have been designed, analyzed and put into use in various health institutions (Dimitrov, 2016). Despite the benefits provided by the EHRs, there are motives as to why some organizations have been indisposed to execute electronic medical records.

Firstly, some healthcare organizations claim that the initial cost to implement the technology is quite high and insufficient returns on investments for small practices. Secondly,

there is a lack of skilled personnel to operate and integrate the information in the EHRs, making it more challenging to use than paper-based. Lastly, some healthcare organizations have failed to redesign the clinical process, including workflow that will help absorb this type of technology. Some staff members or patients may have negative thoughts about the technology, thus discouraging its use. Although the EHRs technology systems are foretold to have positive impacts on the overall hospital performance, their implementation is challenging to undertake. Therefore, the one strategy to help reassure the implementation of a new medical information system is to create and build an electronic health record implementation team.

The Health Insurance Portability and Accountability Act (HIPAA)

The HIPAA has had many significant impacts on the conduction of various clinical research in the United States (Irwin et al., 2019). Currently, the problems associated with the law have been resolved since the Act's initial promulgation through several revisions. Other issues can now be resolved by providing better education to health care providers and researchers about the Act's requirements.

Roles

Firstly, the HIPAA protects the health insurance coverage workers and families who have changed or lost their jobs due to specific reasons. The Act restricts new health plans the capacity to oppose coverage due to conditions that pre-exist. Secondly, HIPAA prevents any form of health care fraud and abuse of medical liability improvement. Similarly, it discourages administrative simplifications that necessarily need the setup of national standards for digital health care transactions and national identifiers for the provider, plus for employers and health insurance plans. Additionally, the HIPAA provides mandatory changes to the medical insurance law and deductions for the same.

Additionally, the HIPAA also gives moderation for health coverage, and it also provides the guidelines for health plans. It plays a significant role in ensuring that the health plan of an individual is covered appropriately. Lastly, the HIPAA generates provisions to help individuals who lack the United States Citizenship acquire medical rights such as treatment; therefore, the Act governs the company-owned lifetime cover plans.

Impacts

Apart from the significant roles, the HIPAA also has various impacts on patients' medical records. First, the Act has national standards designed to protect one's medical history, including individual health information. Second, the HIPAA sets appropriate safeguards that ensure health care providers must achieve to safeguard the health information a patient. Enhancing security ensures that clients' health and other information are safeguarded from fraudsters who might use such data in malicious purposes. Lastly, the HIPAA empowers patients to find out why their information is being used and to identify changes made to their data.

The Health Information technology for Economic and Clinical Health (HITECH) Act

The HITECH Act is part of the American Recovery and Reinvestment Act of 2009 (ARRA), which generates motives related to medical care information technology that contains incentives for the use of EHRs between providers (Millers et al., 2019). Thus, the law motivates and supports the implementation of EHRs and technology used in the United States. The HITECH's primary functions include the promotion of patient care and safety. The use of EHRs has helped reduce errors done in the medical field, such as the wrong prescription of medicine; therefore, it ensures the well-being and safety of a patient. Additionally, the application of EHRs has reduced the time spent to look for the medical records of an individual patient and thus has increased the speed at which a patient receives an emergency. Lastly, the health caregivers can

be alerted on potential hazards in regards to the treatment of patients hence a healthy economy. The one strategy to promote the quality of medical services offered by personnel is that staff members should ensure that they maintain an effective communication strategy between them and the patients.

The Digital Health Technologies

Digital health technology refers to the use of technology in the medical field to boost an individual's health status and wellness (Mesko et al., 2017). However, apart from the pros provided by the approach, there are vulnerabilities and various key risks that are associated with the said method, which make it harmful to use by patients, caregivers, and consumers. First, the majority of the networks do not have sufficient and robust interconnectivity; thus, the users (caregivers and patients) do not have the opportunity to connect with one another. Therefore, poor communication may result in patients' lives being put in danger as they cannot communicate with the caregivers.

Another risk is that system errors such as corrupting files may occur, resulting in errors of individual information stored in the system. Another critical risk is that the technology might be vulnerable, thus allowing the medical information of patients to be easily accessed by fraudsters (Engelhardt, 2017). Therefore, is it necessary for clinicians to safeguard the health information of patients? In ensuring risk reduction, every practitioner must ensure that the information provided by a patient is protected from access by third parties, who may use the information for fraud activity.

The Laws and Penalties

This section focuses on the laws and penalties concerned with fraud and abuse in the health care and medical field. They include False Claims Act (FCA), the Physician Self-Referral

Law (Stark Law), the Exclusion Statute, and the Anti-Kickback Statute (AKS). The laws are not just put in place to be followed; their violation may result in penalties including civil fines, denial or loss of medical license, and being expelled from the health care team.

The Exclusion Statute is part of the Social Security Act (SSA), highlighting conditions under which specific individuals or entities might be banned from taking part in medical care and related federal care programs. The exclusion statute is used by the Office of the Inspector General (OIG) to eliminate individuals or entities from medical care programs (Murrin, 2016). The exclusion may impact the patient's decisions, such as loss of trust as the client may not be open to a new clinician. Additionally, one could be reluctant to pay for services as they will not trust the type of treatment service offered to them by the healthcare givers.

The Ethical Principles of Health Information Management (HIM) Professions

Health Information Management (HIM) refers to the data concerning patients' medical and healthcare (Mandl & Kohane, 2016). The HIM secures and highlights the electronic and paper records of patients' encounters with healthcare facilities or experts. The HIM principles include the principle of transparency, the principle of availability, the principle of protection, and the principle of compliance.

Principle of Transparency

The principle of transparency entails that the way an organization conducts its activities related to information governance should be documented in a manner that is open to the third parties. The governance transparency practices should be able to cover appropriate definitions on the uses of the data. The process should ensure compliance with the policies on the appropriate utilization of the information.

Principle of Protection

The principle of protection also entails the initiated information governance program must make sure protection levels are put in place to ensure that the organization is protected from any forms of corruption, breach, and loss of access to confidential data by fraudsters.

Principle of Compliance

The principle of compliance entails that the constructed information governance should comply with the organization's standards, laws, regulations, and policies. Therefore, every entity must ensure that they comply with the set legal and regulatory policies, especially those concerned with managing health information.

Principle of Availability

The principle of availability entails that an organization should be able to maintain and safeguard information. Every entity should be able to identify and access the data when needed. Therefore, to obtain and avail information at a required time, the organization should be in a position to address multiple demands.

Saint Leo Core Values of Integrity and Excellence

Firmly established in the 1,500s Benedictine traditions, Saint Leo is Florida's first Catholic University that offers humanistic art-based education to people of all faiths. Being a core value at Saint Leo, excellence entails that all individual students should strive to work hard to ensure that they blossom the character, master the skill, and absorb the knowledge vital to become virtuous leaders. On the other hand, integrity, also being a core value at Saint Leo, encompasses that its members adhere to and live its mission; the students, staff, and the faculty should, therefore, an oath to be honest and open-minded. As such, the overall success at Saint Leo depends on the commitment to its mission, vision, and goals.

Conclusion

With the world progressively changing, there are also shifts and advancements in technology, especially in the medical field. Therefore, it is vital to improve the health care that is given to patients in any hospital. To do so, the medical experts need to incorporate functional and working health care information technology. The approach enhances how patients are taken care of and reduces occurrences of the errors such as wrong prescriptions and other mistakes that might be made in the health care programs.

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